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REGISTER NOW!



BASKETBALL



Boys & Girls

Ages 5-8 Fee \$20

Ages 9-17 Fee \$30

Registering thru October 23rd

Parks & Recreation Office

2303 Tramway Road

8:00 AM— 5:00 PM



For Details Call 919-775-2107 Ext. 4252

Ages are determined as of January 1, 2016

This is a non-school material that is neither endorsed nor necessarily reflective of the views of Lee County Schools.

LCPR ATHLETIC PROGRAM REGISTRATION FORM
(Please Print)



Program _____

Participant Name _____

Sex: Male Female Birthdate _____ Age _____

Parent's Names _____

Mailing Address _____ ZIP _____

Telephone # _____
Home Mother's Cell/Work Father's Cell/Work

E-mail _____

Do you reside within Lee County? Yes No

T-Shirt Size (circle one) YXS YS YM YL AS AM AL AXL

Ages: (Circle One) 5-6 7-8 9-10 11-12 13-14 15-17

I am interested in being a head coach for a team: Yes No

Did your child play on a Lee County team last year in this program? Yes No

If yes specify team name and/or coach's name _____

If Applicable, please list the name of a brother/sister in the same league that you want on the same team

Please read and sign waiver

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground on to a fence, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the county does not provide insurance.

Signature of Parent or Guardian

Date

Players must play with team they are assigned to. Any player may mail in registration form with fee.

Make check/money order to Lee County Parks & Recreation

Amount enclosed \$ _____

Mailing address is P. O. Box 1968, Sanford, NC 27331

By signing, you hereby confirm your acceptance of the convenience fee charged by Official Payments and agree to pay the "Total Payment" amount indicated, subject to and in accordance with the agreement governing the use of your credit or debit card.

Signature of Parent or Guardian

Date